



***Leisnoi, Inc.***  
 101 W. Benson Blvd., Suite 202  
 Anchorage, AK 99503

For Staff Only
Date Received:
Initials:
Complete: Yes No

**Emergency Treasury Coronavirus Relief Fund**

**This form will be used for Leisnoi, Inc. internal use only. The information contained here is not for distribution to any outside agency or entity.**

**All applicants must be received by October 15, 2021 to be eligible.**

Shareholder Name: \_\_\_\_\_

Shareholder Enrollment Number OR Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best way to contact: Home Cell Email  
(Please circle one)

I have incurred expenditures due to the public health emergency COVID-19 since March 01, 2020 as follows: (Please check any that apply):

\_\_\_ I have suffered loss of income due to COVID-19, including having been laid off, furloughed, given reduced hours, or a reduced salary due to COVID-19;

\_\_\_ I need housing assistance to avoid foreclosure or eviction due to financial difficulties resulting from COVID-19;

\_\_\_ I have incurred additional utility costs and/or household expenses because of the need to stay at home, isolate and/or adhere to public health mandates and recommendations issued in response to COVID-19, including additional costs related to electricity, gas, propane, water, internet, and phone;

\_\_\_ I have incurred increased expenses related food and other items necessary to sustain health and well-being while complying with public health mandates and recommendations;

\_\_\_ I have incurred increased expenses to address food security issues caused by supply-chain issues related to COVID-19 by purchasing subsistence material;

\_\_\_ I have incurred increased expenses to care for dependents as a result of COVID-19, including additional childcare costs due to school or daycare closing because of COVID-19;

\_\_\_ I have incurred expenses related to online learning and education needs as a result of changes made by schools in response to COVID-19;

\_\_\_ I have incurred expenses to quarantine/isolate or take other measures in compliance with COVID-19 mandates;

\_\_\_ I have incurred medical costs related to COVID-19 or suspected exposure to COVID-19, including for COVID-19 tests;

\_\_\_\_ I have incurred additional expenses for food, transportation, child or adult care because of COVID-19;

\_\_\_\_ I have incurred expenses for additional PPE, masks, mask making equipment and supplies, cleaning/disinfectants, and/or other products due to COVID-19;

\_\_\_\_ I have incurred expenses to comply with social distancing mandated or recommended by federal, state or tribal guidelines; or

\_\_\_\_ For any other financial hardships not covered in the above options, please explain: \_\_\_\_\_

\_\_\_\_\_

**Read and initial each line before signing:**

\_\_\_\_ I am over eighteen years old and am an Alaska Native or Native descendent shareholder of Lesnoi, Inc.

\_\_\_\_ I understand that the amount of any COVID relief assistance will be determined by Lesnoi after the application deadline.

\_\_\_\_ The expenditures for which assistance is sought with this application have been incurred, or will be incurred, during the period March 1, 2020 through December 31, 2021.

\_\_\_\_ **No expense or financial hardship for which this grant is sought has been accounted for or reimbursed by any other COVID funding, whether it is from the City, Borough, or any other Alaska Native Corporation or tribal programs.**

\_\_\_\_ I certify that all of the information provided in this application is true and accurate.

\_\_\_\_ I understand and agree that any misrepresentation or inaccurate information will require me to repay all or part of the grant funds.

\_\_\_\_ I agree to retain reasonable documentation of the expenses that any grants funds are used on or for, and to assist and provide Lesnoi with any further information necessary for verification of submitted information upon reasonable request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lesnoi Staff Member Signature

\_\_\_\_\_  
Date

Information:

The Treasury Coronavirus Relief Fund application is designed to provide economic assistance to Alaska Native shareholders of Lesnoi, Inc. who have experienced financial hardships due to the effects from COVID-19 pandemic.

## SHAREHOLDER UPDATE AUTHORIZATION FORM

**Personal information:**

First /Middle/Last Name

Last 4-digits of SSN

**Contact information:**

Address

Email

Phone

Would you like to receive electronic updates from Leisnoi (text/automated phone messaging)?  YES  NO

Would you like to opt into receiving the Shareholder Newsletter via email?  YES  NO

**Direct Deposit Enrollment**

I hereby authorize Leisnoi, Incorporated to initiate credit entries to my bank account. I also authorize Leisnoi to initiate, if necessary, debit entries and adjustment for any credit entries made in error to my depository account specified below. Leisnoi, Inc. reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company. I also understand if for unforeseen reason the deposit does not post, we will resolve within 14 business days or a check may be issued during this time.

**Please check one:**

Checking

Savings

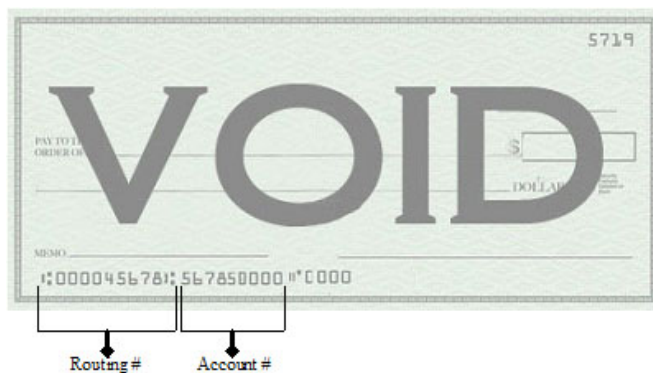
Bank Name: \_\_\_\_\_

Account#: \_\_\_\_\_

Routing #: 

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**Attach a voided check here:**



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

By my signature, I authorize and request Leisnoi, Inc. to enter the listed above information into my records. This information will remain in effect until I inform Leisnoi, Inc. or submit a cancellation in writing.

